

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/048008

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		3					54		
5		①					55		
6		①					56		
7		①					57		
8		①					58		
9		①					59		
10		①					60		
11		①					61		
12	1						62		
13		1					63		
14		1					64		
15		3					65		
16		①					66		
17		①					67		
18		①					68		
19	1						69		
20		1					70		
21		①					71		
22		①					72		
23		①					73		
24		①					74		
25		①					75		
26		①					76		
27							77		
28							78		
29							79		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3								
TOTAL DEP.	27								
TOTAL CLAIMS	30								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS